OF COPIES RECEIVED			
DICTRIBUTION 1		,	D O 10:
DISTRIBUTION		ONSERVATION COMMISSION	Form C-104
ANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
TILE			
	TO TO	AND NSPORT OIL AND NATUR	GAS a
.s.g.s.	AUTHORIZATION TO TRA	MASPORT OIL AND MATOLOGE	13° 4 12 PM 2CE
AND OFFICE	_		111 03
RANSPORTER OIL			
GAS	1		
	1		
PRORATION OFFICE			
Oulf Oil Corporation			
lddress P. C. Box 670, llobbs,	New Mendico		
Reason(s) for filing (Check proper box	)	Other (Please explain)	
(ew Well	Change in Transporter of:	To change well.	mader - forcerly
<del>==</del>	Oil Dry Go		
Recompletion			nt. Unit. ike. 14-12
Change in Ownership	Casinghead Gas Conde	nadie [MAX 01 AND 00 AND 100	4 W 44 H348 (433 No. 30/
change of ownership give name		Northwest Ame	ont Unit "14" Well No. 120
nd address of previous owner			
ESCRIPTION OF WELL AND	LEASE Well No. Pool No.	ame, Including Formation	Kind of Lease
-			State, Federal or Fee STATE
Cortinuest Ermont Unit	<b>112</b>	louit - Queen	
Location			en an auto
Unit Letter; 1987	Feet From The <b>south</b> Li	ne and 660 Feet Fr	om The
Line of Section , To	ownship 100 Range	MPM,	County County
ADSIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of Oi	or Condensate	Address (Give authers to writer of	oproved copy of this form is to be sent)
Shall Pipaline Corpor		Bux 1910, Midlered	Texas
Name of Authorized Transporter of Co	reinghead Got Or Dry Gas	Address (Give address to which a	oproved copy of this form is to be sent)
		Dex 1539, Tulsa, O	
Western Petroleum Cory	eracion		When
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is day actually comment	I
give location of tanks.	J 14 1.98 SEE	Yes	Unknown
give rocurren or runas.			
	ith that from any other lease or pool	, give commingling order number:	
f this production is commingled w	with that from any other lease or pool	, give commingling order number:	
f this production is commingled w	Oil Well Gas Well	, give commingling order number:   New Well   Workover   Deeper	Plug Back   Same Res <sup>t</sup> v. Diff. Res
f this production is commingled w	Oil Well Gas Well		Plug Back   Same Res <sup>f</sup> v. Diff. Res
f this production is commingled w	ion - (X)   Oil Well   Gas Well	New Well Workover Deeper	· · · · · · · · · · · · · · · · · · ·
f this production is commingled w	Oil Well Gas Well		Plug Back   Same Restv. Diff. Res
f this production is commingled w COMPLETION DATA  Designate Type of Completi	ion - (X)   Oil Well   Gas Well	New Well Workover Deeper	P.B.T.D.
f this production is commingled w COMPLETION DATA  Designate Type of Completi Date Spudded	ion - (X)   Oil Well   Gas Well	New Well Workover Deeper	
f this production is commingled w COMPLETION DATA Designate Type of Completi	ion - (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deeper	P.B.T.D.
f this production is commingled w COMPLETION DATA  Designate Type of Completi Date Spudded  Pocl	ion - (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deeper	P.B.T.D.
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f this production is commingled w COMPLETION DATA  Designate Type of Completi Date Spudded  Poc:  Perforations  HOLE SIZE	ion - (X)  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN  CASING & TUBING SIZE	New Well Workover Deeper Total Depth Top Oil/Gas Pay  ND CEMENTING RECORD DEPTH SET	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
f this production is commingled w COMPLETION DATA  Designate Type of Completi Date Spudded  Poc:  Perforations  HOLE SIZE	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN  CASING & TUBING SIZE  FOR ALLOWARLE. (Test must be	New Well Workover Deeper Total Depth Top Oil/Gas Pay  ND CEMENTING RECORD DEPTH SET  after recovery of total volume of load	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
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f this production is commingled w COMPLETION DATA  Designate Type of Completi Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST OIL WELL  Date First New Oil Run To Tanks  Length of Test  \text{\text{Ctual Prod. During Test}}  Ga WELL  \text{Ac}  Ac}  Ac}  Ac al Prod. Test-MCF/D	Oil Well Gas Well  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN  CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this  Date of Test  Tubing Pressure  Cil-Bbls.  Length of Test	Total Depth  Top Oil/Gas Pay  ND CEMENTING RECORD  DEPTH SET  after recovery of total volume of load depth or be for full 24 hours)  Producing Method (Flow, pump, g)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  doil and must be equal to or exceed top all as lift, etc.)  Choke Size  Gas-MCF
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f this production is commingled w COMPLETION DATA  Designate Type of Completi Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST OIL WELL  Date First New Oil Run To Tanks  Length of Test  \text{\text{Ctual Prod. During Test}}  Ga WELL  \text{Ac}  Ac}  Ac}  Ac al Prod. Test-MCF/D	Oil Well Gas Well  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, AN  CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this  Date of Test  Tubing Pressure  Cil-Bbls.  Length of Test	Total Depth  Top Oil/Gas Pay  ND CEMENTING RECORD  DEPTH SET  after recovery of total volume of load depth or be for full 24 hours)  Producing Method (Flow, pump, g)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  doil and must be equal to or exceed top all as lift, etc.)  Choke Size  Gas-MCF  Gravity of Condensate

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Area Production Hanager

(Title)

(Date)

\_, 19*6*5 APPROVED Supervisor, District #1

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.